

**Governor's Task Force on Autism**  
**July 16, 2004**  
**Meeting Minutes**

**Attendees:** Linda Carmody, Kathy Draves, Rose Helms, Kevin Klatt, Diane Konkel, Deb Mandarino, Heather Marena, Paula Petit, Cynthia Thomas

**Facilitator:** Karen Timberlake

**Staff:** Donna Wong, Sinikka Santala, Beth Wroblewski

**Key Issues:** Case management, the exceptions policy.

**Case Management:** The task force identified problems and possible solutions to the case management system.

Purpose of case managers: identified by DHFS.

- Assessment.
- Provide information to family.
- Develop and implement care plan.
- Support and advocacy to parents.
- Quality assurance.

Case management problems:

- Case management expenses take resources away from treatment/other services.
- Case managers are perceived by families to be interfering, questioning families' choices, stifling creativity in families' or providers' approaches.
- Information from DHFS isn't getting communicated uniformly/consistently to case managers.
- Inconsistency of information from case managers/approaches being taken by case managers from county to county.
- Inconsistency in county contracts with providers is creating administrative challenges for providers - for example different audit requirements and timetables.
- Number and frequency of changes in program requirements are challenging for providers to keep up with/monitor. What is the role of the case managers in smoothing these bumps?
- One county putting out RFP for low-cost providers; concern that county administration of case management function will shrink provider supply.
- No ability of parents to opt out of case management. No option for a minimal level of case management.
- County adds additional requirements for parents and providers.
- Counties asking providers to be more flexible in reorganizing families that don't want prescribed number of hours – concern that providers won't receive referrals if they do not comply.

- Since treatment and travel is bundled, it creates the impression that children are getting more treatment than they really are.
- Case managers don't know the treatment so they can't answer parents' questions.

What is working with case management: The task force identified things they like about case management.

- In rural areas, case managers are extremely knowledgeable about resources.
- Case managers care about families. It is not the case manager personally that is the problem, but the variance between counties that is a problem.
- The service case managers provide is good, but it isn't always necessary and takes away from treatment dollars.

Solutions to case management problem: The task force brainstormed possible solutions to problems identified.

- Case manager training. Uniform training of case managers needed to ensure that their services are value added to families.
- Create ombudsman position.
- Do case management on a case-by case basis. Allow families to choose less case management.
- Simplify billing and payment for providers.

Preliminary Recommendation: In addition, HFS presented an options paper and the task force preliminarily selected option #2 from that paper - state level operation of the waiver – as a recommendation. Although they noted that they liked the responsiveness of a regional system and that they would like the state system to be budget neutral or improved.

Dissenting view: Changing over to state system may have as many initial problems as county run system. Should change within the system we already have.

**The Exceptions Policy:** The task force discussed options for exceptions to the three-year limit to intensive in-home autism treatment services. The options addressed timing issues only.

In addition to discussing the four options presented by DHFS in the exceptions policy options paper, the task force identified the following decision points that may be used to modify the options that were presented, or to design a new option. The task force will vote on decision items at August 13 meeting.

### **Decision Item 1**

An extension will be granted to each child:

#### Option 1

Only one time.

Option 2

More than 1 time.

**Decision Item 2**

An extension will be granted to each child:

Option 1

When the child is receiving any amount less than the prescribed number of hours.

Option 2

When the child is receiving a 25% reduction in prescribed number of hours.

Option 3

When the child is receiving less than 25 hours a week.

Option 4

Other

Note: The Task Force noted the need to address the issue of very young children who are frequently prescribed less hours of treatment per week. Would these children qualify for exceptions even if they are receiving their prescribed hours?

**Decision Item 3**

For purposes of any exceptions policy that addresses a lapse in services during the intensive phase, a lapse will be defined as being caused by which circumstances (one or more)?

1. Child [or parent? sibling?] serious medical condition that caused an interruption or reduction in hours.
2. Family move that caused an interruption or reduction in hours.
3. Change of provider or staff on treatment team that caused an interruption or reduction in hours.
4. Family's voluntary choice to reduce hours, with provider consent.

**Preparation for Next Meeting:** The following tasks were assigned.

DHFS was asked to provide information on the following items:

- Number of children/families who are either exiting the program for no longer meeting level of care requirements, or are choosing to opt out without moving to the post intensive phase.
- Average number of treatment hours that children under four are being prescribed at the intensive level.
- Parental fee sharing options. Explanation of what the fees will buy.

- What services families are and are not eligible to buy for themselves if they are participating in the waiver program.

DOA was asked to provide the following information:

- Information on license plates.
- Information on insurance coverage in different states.

Materials will be forwarded to Donna. Donna will e-mail materials for the next meeting 1 ½ weeks in advance.

**Next Meeting:** The next meeting of the Governor's Task Force on Autism will be held Friday, August 13 from 9:00 a.m. – 4:00 p.m. in the St. Croix conference room, ground floor, DOA, 101 East Wilson Street.

**Agenda Items for the Next Meeting:**

- Finish exceptions policy discussion.
- Identify services available to all children with autism, including articles discussion and post-intensive concerns.
- Discuss options for parental fee sharing.
- Discuss other means of funding autism services.